

## U.S. District Court for the Southern District of California

*Perkins v. Philips Oral Healthcare, Inc., et. al.*

Case No. 12-CV-1414H BGS

**Must be Postmarked by****, 2013****PHILIPS AIRFLOSS SETTLEMENT****PROOF OF CLAIM FORM****INSTRUCTIONS**

If you would like to receive a voucher, you must complete this Claim Form.

1. Settlement Class Members may submit one Claim Form.
2. For more information, please visit the Settlement website at [www.PhilipsAirFlossSettlement.com](http://www.PhilipsAirFlossSettlement.com) or call the Settlement information line toll free at 1-877-421-6828.
3. You must sign and date the declaration on page 2.
4. Please return your Claim Form postmarked no later than by **, 2013**, to:
 

By Mail: Philips AirFloss Settlement  
P.O. Box 3614  
Minneapolis, MN 55403-0614

By Email: [mail@PhilipsAirFlossSettlement.com](mailto:mail@PhilipsAirFlossSettlement.com)

By Fax: (952) 955-4589
5. QUESTIONS? Visit the settlement website at [www.PhilipsAirFlossSettlement.com](http://www.PhilipsAirFlossSettlement.com) or call toll-free at 1-877-421-6828.

**SETTLEMENT CLASS MEMBER INFORMATION**

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FIRST NAME OF SETTLEMENT CLASS MEMBER

MIDDLE INITIAL

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LAST NAME OF SETTLEMENT CLASS MEMBER

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MAILING ADDRESS

--	--	--

CITY

STATE

ZIP CODE

--	--	--	--	--	--	--	--

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

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EMAIL ADDRESS

## CLAIM INFORMATION

You must answer each question or statement below.

1. I purchased a new Philips Sonicare AirFloss for which I am submitting a claim on or about the following date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  2. I purchased the Philips Sonicare AirFloss in the following city and state: \_\_\_\_\_
  3. I am a resident of California ☐ YES ☐ NO
  4. I purchased the following type of Philips Sonicare AirFloss:  
☐ SINGLE-PACK  
☐ DOUBLE-PACK
  5. I have attached proof of purchase of the Philips Sonicare AirFloss for which I am submitting a claim (acceptable proof includes a store receipt or warranty registration). ☐ YES ☐ NO
  6. I have enclosed the AirFloss for which I am submitting a claim. ☐ YES ☐ NO
  7. I received a refund from Philips or a retailer for the Philips Sonicare AirFloss for which I am submitting a claim. ☐ YES ☐ NO

## DECLARATION

I declare, under penalty of perjury under the laws of the United States, that all the information submitted on this Proof of Claim Form, and any documents attached to it, is true and correct to the best of my knowledge.

PRINT NAME

[illegible]

SIGNATURE

\_\_\_\_\_

DATE \_\_\_\_\_

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**THIS CLAIM FORM MUST BE POSTMARKED BY [REDACTED], 2013 AND MAILED TO:**

**PHILIPS AIRFLOSS SETTLEMENT  
P.O. BOX 3614  
MINNEAPOLIS, MN 55403-0614.**